

**Application Data Sheet**

**Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R?:: None  
Number of CD disks::  
Number of Copies of CDs::  
Sequence Submission?:: None  
Computer Readable Form (CRF):: No  
Number of copies of CRF:: 0  
Title:: SYSTEM FOR DISCOURAGING THE  
REMOVAL OF IDENTIFICATION  
LABELS ADHERED TO A SURFACE  
Attorney Docket Number:: 9016-1001  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 5  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Gov't Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent No  
Appl.?::

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MEXICO  
Status:: Full Capacity  
Given Name:: ALFREDO  
Middle Name:: AGUILAR  
Family Name:: ELGUEZABAL  
City of Residence:: CUMBRES DE UNIVERSIDAD  
State or Province of Residence::  
Country of Residence:: MEXICO  
Street of Mailing Address:: CALLE RINCONADA SAN CARLOS  
NO. 6911  
City of Mailing Address:: CUMBRES DE UNIVERSIDAD  
State or Province of Mailing Address::  
Country of Mailing Address:: MEXICO  
Postal or Zip Code of Mailing Address:: 31125

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MEXICO  
Status:: Full Capacity  
Given Name:: LUIS  
Middle Name:: DE LA TORRE  
Family Name:: SAENZ  
City of Residence:: VILLAS DEL REAL  
State or Province of Residence::  
Country of Residence:: MEXICO  
Street of Mailing Address:: CALLE RETORNO MINA DEL ROSARIO  
NO. 17111  
City of Mailing Address:: VILLAS DEL REAL  
State or Province of Mailing Address::  
Country of Mailing Address:: MEXICO

Postal or Zip Code of Mailing Address:: 31103

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MEXICO  
Status:: Full Capacity  
Given Name:: ALEJANDRO  
Middle Name:: LOPEZ  
Family Name:: ORTIZ  
City of Residence:: CUMBRES DE UNIVERSIDAD  
State or Province of Residence::  
Country of Residence:: MEXICO  
Street of Mailing Address:: CALLE CUMBRE SAN IGNACIO  
NO. 4239  
City of Mailing Address:: CUMBRES DE UNIVERSIDAD  
State or Province of Mailing Address::  
Country of Mailing Address:: MEXICO  
Postal or Zip Code of Mailing Address:: 31125

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MEXICO  
Status:: Full Capacity  
Given Name:: MANUEL  
Middle Name:: ROMAN  
Family Name:: AGUIRRE  
City of Residence:: COLONIA LAS GRANJAS  
State or Province of Residence::  
Country of Residence:: MEXICO  
Street of Mailing Address:: CALLE SABINO NO. 1  
  
City of Mailing Address:: COLONIA LAS GRANJAS  
State or Province of Mailing Address::  
Country of Mailing Address:: MEXICO

Postal or Zip Code of Mailing Address:: 31160

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: MEXICO  
Status:: Full Capacity  
Given Name:: OSCAR  
Middle Name:: AYALA  
Family Name:: VALENZUELA  
City of Residence:: FRANCISCO I. MADERO  
State or Province of Residence::  
Country of Residence:: MEXICO  
Street of Mailing Address:: CALLE EUCALIPTO NO. 1900 C

City of Mailing Address:: FRANCISCO I. MADERO  
State or Province of Mailing Address::  
Country of Mailing Address:: MEXICO  
Postal or Zip Code of Mailing Address:: 31052

#### **Correspondence Information**

Correspondence Customer 000466  
Number::

#### **Representative Information**

Representative Customer	000466
Number::	

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
MEXICO	NL/1/2003/000009	4/11/03	Yes

**Assignment Information**

Assignee Name:: 1. DINFORMATICA DEL NOROESTE  
S.A. DE C.V.  
Street of Mailing Address:: 1. BLVD. ORTIZ MENA NO. 2029,  
FRACC. VERMONT C.P.

City of Mailing Address:: CHIHUAHUA  
State or Province of Mailing Address::  
Country of Mailing Address:: MEXICO  
Postal or Zip Code of Mailing Address:: 31237

**Assignment Information**

Assignee Name:: 2. CENTRO DE INVESTIGACION EN  
MATERIALES AVANZADOS S.C.  
Street of Mailing Address:: 2. MIGUEL DE CERVANTES #120,  
COMPLEJO INDUSTRIAL C

City of Mailing Address:: CHIHUAHUA  
State or Province of Mailing Address::  
Country of Mailing Address:: MEXICO  
Postal or Zip Code of Mailing Address:: 31109  
Address::